

APPLICATION FORM #2035

INTER-DISTRICT MEETINGS/TRAINING

District:	District Number:
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District #1 Name:	District Number:
District #2 Name:	District Number:
District #3 Name:	District Number:
Designated Treasurer & District #:	Amount Requested:

Purpose of Inter-District Meeting/Training

Projected Expenditures

Signatures and Date
District President #1:
District President #2:
District President #3:
Designated Treasurer:
Date:

NOTE: An email from the Designated Treasurer, copied to the presidents of each participating District, is an acceptable alternative to signatures on this form.

Forward FULLY COMPLETED #2035 Application Form to Jim Spray, Associate General Secretary/ Chief Financial Officer by email Jim.Spray@osstf.ca